



County of Montgomery Office of the District Attorney

Kevin R. Steele
District Attorney

COMM. OF PA V. _____
Defendant's Name

CRIMINAL
DOCKET NO. _____

RULE 600 WAIVER DUE TO A.R.D. APPLICATION

Name: (Last, First, Middle) _____

Criminal Charges: _____

Police Department: _____

I understand that in accordance with Rule 600 of the Pennsylvania Rules of Criminal Procedure, I am entitled to have my trial begin within 365 days from the date of the filing of the Criminal Complaint. I am aware that the charges may be dismissed if my trial does not commence on or before the 365th day. I understand that any time the case is delayed at my request is excluded from the calculation of the 365th day.

I understand that by filing an application for acceptance into the A.R.D. Program, I am requesting that my case be removed from the normal scheduling of a criminal case in the Montgomery County Court of Common Pleas, so that it may be considered for A.R.D. I further understand that my A.R.D. application may delay my case being brought to trial, should my A.R.D. application be denied. I understand that time will be required to review my case and to procure necessary information and materials including, but not limited to, my criminal record, amount of any restitution I may owe, and information concerning my current criminal charges.

I hereby waive my speedy trial rights under Rule 600 from the time I submit my A.R.D. application until either: 1) I am moved into the A.R.D. program or 2) until the first available court listing after my A.R.D. application has been denied. I specifically request that my case not be listed for any court proceeding, including any Pretrial Conference or Trial List, for a period of six (6) months from the submission of my A.R.D. application to give the A.R.D. Division time to consider my request for inclusion in the program. No promises or threats have been made to me to secure my signature on this waiver.

Signature of Defendant

Date

Signature of Defense Attorney

Date

For Office Use Only:
A.D.: _____
Judge: _____
A.D.A.: _____



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A.R.D. APPLICATION

COMM. OF PA v. _____
Defendant's Name

CRIMINAL
DOCKET NO. _____

This form is to be returned to the Montgomery County District Attorney's Office to determine your eligibility for consideration for Accelerated Rehabilitative Disposition (A.R.D.). Return the entire application to:

OFFICE OF THE DISTRICT ATTORNEY MONTGOMERY
COUNTY COURTHOUSE, 4TH FLOOR A.R.D. UNIT P.O.
BOX 311
NORRISTOWN, PA 19404-0311
PHONE: (610) 278-3109

1. CONTACT INFORMATION:

Name: (Last, First, Middle)	Date of Birth:
Address: (Number & Street)	Social Security No.:
(City, State & Zip Code)	Home phone number:
Name and Address of Your Attorney:	Attorney phone#

2. PRIOR RECORD INFORMATION:

Have you ever been arrested, charged, cited (including Vehicle Code violations) or held by any law enforcement or juvenile authorities in the United States regardless of whether the citation or charge was dropped or dismissed or you were found not guilty or whether the record has been "sealed", expunged or otherwise stricken from the court records on any occasion other than this arrest? YES NO

If yes, please answer the following:

Charge(s):	Sentence/Disposition:
Date of Arrest:	Police Department:

Are you presently on probation or parole? YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, where?
Have you ever been treated for mental illness? YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when and where?

3. DOMESTIC INFORMATION:

What is your marital status?		
How many children do you have?	What ages?	
List all persons living with you (other than spouse & children) and their relationship to you:		
List each state where you have resided within the last 10 years, including where you attended college: Address: _____ From: _____ To: _____		
Did you ever obtain a driver's license from another state? YES <input type="checkbox"/> NO <input type="checkbox"/> If you answered yes, which state: _____ (Include driver's number if known)		

4. EDUCATION:

Check the highest level of education completed: 11th Grade or below <input type="checkbox"/> ; High School Grad <input type="checkbox"/> ; College Grad <input type="checkbox"/> ; Other (please list) _____	
Do you read, write, and understand the English language? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If not, which language do you speak?	Do you need an interpreter?

5. MILITARY STATUS:

Are you a veteran? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, what branch?
Length of time served: _____ Highest rank obtained: _____	Type of discharge: _____

6. EMPLOYMENT:

Name of Employer:	Your position/title:
Address: (Number & Street)	Number of years employed:

(City, State, Zip Code)	What is your average weekly take home pay? \$
Work phone number: ()	Is your spouse employed?

7. CHARACTER REFERENCE:

Please list the name, address and telephone number of a reputable citizen, not related to you, who is willing to give character evidence in support of your A.R.D. application:

Name: Address: Phone Number:

8. PERSONAL STATEMENT:

State briefly why you feel you should be given the benefit of placement in the Accelerated Rehabilitative Disposition Program:

9. VERIFICATION:

I hereby affirm that to the best of my knowledge and belief I have provided complete, truthful and honest answers to the questions herein. I understand that dishonest, incomplete or misleading answers will make me ineligible for A.R.D. and will lead to subsequent criminal prosecution. I understand that an intentionally false or misleading answer is a crime punishable by law, pursuant to Title 18 of the Pennsylvania Consolidated Statutes, § 4904, Unsworn Falsifications to Authorities.

Signature of Defendant

Date

COUNTY OF MONTGOMERY
OFFICE OF THE DISTRICT ATTORNEY

KEVIN R. STEELE
DISTRICT ATTORNEY

COMMUNITY SERVICE DIVISION
PHONE: 610.278.3113
FAX: 610.292.4952

DEFENDANT GENERAL INFORMATION

NAME	DOCKET #
DATE OF BIRTH	ARD COURT DATE
STREET ADDRESS	OCCUPATION/SKILLS
APARTMENT #	HOME PHONE #
CITY, STATE, ZIP CODE	CELL PHONE #
EMERGENCY CONTACT	EMERGENCY PHONE #
DEFENSE ATTORNEY	ATTORNEY PHONE #
MED. INSURANCE PROVIDER NAME	MEDICAL INSURANCE POLICY NUMBER
# COMM. SERVICE HOURS ORDERED	LENGTH OF PROBATION
E-MAIL ADDRESS	

ARD Defendants: I understand that if I am late or fail to appear to my assigned Community Service Location, or if I violate the rules of the program, community service hours MAY BE ADDED to my sentence. I understand that my failure to comply with program rules is a violation of the ARD Program Rules and could result in my removal from the Program.

_____ (Please Initial)

Release: The undersigned, of full lawful age, releases, acquits and forever discharges Montgomery County and its agents thereof, of and from any and all liability, claims, demands, actions and cause of action whatsoever, arising out of or related to any loss, damage or injury sustained in connection with my performance of community service.

SIGNATURE: _____ DATE: _____

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DEFENDANT MEDICAL INFORMATION

NAME _____ DOCKET # _____

DATE OF BIRTH _____ ARD COURT DATE _____

As a condition of your acceptance into the ARD Program, you will be assigned to perform a certain number of community service hours. You may be assigned to undertake a variety of physical tasks under different conditions during the course of your service commitment. In order to properly assign community service, we require a complete listing/description of the following items:

- ALL KNOWN MEDICAL CONDITIONS AND PHYSICAL DISABILITIES
- ALL PRESCRIBED MEDICATIONS, INCLUDING DOSAGES OF EACH
- ANY ISSUES THAT AFFECT YOUR ABILITY TO PERFORM COMMUNITY SERVICE

KNOWN MEDICAL LIMITATIONS/PHYSICAL DISABILITIES:

PRESCRIPTION MEDICATIONS/DOSAGES:

ISSUES THAT AFFECT YOUR ABILITY TO PERFORM COMMUNITY SERVICE:

ISSUES DO AFFECT MY ABILITY TO PERFORM COMMUNITY SERVICE,
AND I AGREE TO PROVIDE VERIFICATION OF SUCH _____ (INITIAL)

ISSUES DO NOT AFFECT MY ABILITY TO PERFORM COMMUNITY
SERVICE _____ (INITIAL)

I ATTEST THAT THE STATEMENTS ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE,
INFORMATION AND BELIEF. I AGREE TO NOTIFY THE COMMUNITY SERVICE DIVISION OF ANY
CHANGES. I UNDERSTAND THAT ANY INTENTIONAL FALSE OR MISLEADING INFORMATION MAY BE
PUNISHABLE BY LAW PURSUANT TO 18 PA.C.S.A. §4904, UNSWORN FALSIFICATIONS TO AUTHORITIES.

SIGNATURE: _____ DATE: _____

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OF THE DISTRICT ATTORNEY

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COMMUNITY SERVICE DIVISION
PHONE: 610.278.3113
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STANDARD CONDITIONS OF COMMUNITY SERVICE

NAME: _____ DOCKET #: _____

While performing Community Service, you will be under the supervision of the *Community Service Division* and will be required to comply with the conditions listed below:

1. You are required to perform _____ hours of Community Service.
2. You generally perform six (6) hours of Community Service on each day of your assignment, unless the hours are not available at the assigned agency.
3. ANY SCHEDULING OR AGENCY CHANGES MUST BE APPROVED IN ADVANCE.
4. You must report to the assigned work site approximately 15 minutes before your scheduled start time for job related instructions.
5. You must not be under the influence of alcohol or illegal drugs while at the work site.
6. You must immediately report to the Community Service Supervisor, or his/her designee, at the work site.
7. You must be cooperative and courteous while participating in the program.
8. You must notify the work site & the *Community Service Division* in advance if you are not available and must be absent on a particular date.
9. You must provide a doctor's note for any extended period of absence.
10. You must notify the Community Service Division of any change in address, phone number, or any circumstance which may affect your ability to perform community service.

11. You must provide notice of any injury you suffer to the Community Service Division, and work site supervisor, within 24 hours of the incident. YOU are responsible for providing sufficient documentation that the injury was related to community service performance. YOU ARE NOT ELIGIBLE FOR WORKER' S COMPENSATION.
12. Your work site will report on your work progress to the Community Service Division, and make this information available to the Court.
13. Failure to comply with the rules and regulations of the Community Service Programs and their selected agencies may be cause for your revocation from the ARD Program or withdrawal of your conditional approval for ARD.
14. Hours are not acceptable if work is performed by an associate, relative or employee of the defendant. Community service shall not be supervised by a relative or employee/employer of the defendant, or hours exchanged for monetary and/or material contributions.
15. You must wear proper work clothing (Work boots, sneakers/jeans or work pants). NO UGGS, FLIP FLOPS, SANDALS, DRESS SHOES, RIPPED OR TORN PANTS/SHIRTS.
16. NO CELL PHONES, IPODS, RADIOS OR EAR PHONES, ETC. ARE TO BE WORN OR USED WHILE PERFORMING COMMUNITY SERVICE.

I HAVE RECEIVED A COPY OF THIS DOCUMENT AND I UNDERSTAND THAT ANY QUESTIONS I MAY HAVE ABOUT THIS DOCUMENT CAN BE ADDRESSED WITH THE COMMUNITY SERVICE DIVISION. BY SIGNING BELOW, I ACKNOWLEDGE THAT I UNDERSTAND THE CONDITIONS STATED ABOVE.

SIGNATURE: _____ DATE: _____